N14000001464

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #1
	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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I ALBRITTON

COVÉR LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: DissolveSoutheasFitness		
DOCUMENT NUMBER: N14000001464		
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Julie Graveline		
(Name of	Contact Person)	
SoutheasFitness		
(Firm	/Company)	
6230PendragonPlace		
(Ac	idress)	
JacksonvilleFL 32258		
(City/State	and Zip Code)	
For further information concerning this matter	r, please call:	
Julie Graveline	904 557-1776	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:	:	
■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



December 20, 2016

JULIE GRAVELINE SOUTHEAST FITNESS INC 6230 PENDRAGON PLACE JACKSONVILLE, FL 32258

SUBJECT: SOUTHEAST FITNESS INC.

Ref. Number: N14000001464

We have received your document for SOUTHEAST FITNESS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete only 1(one) section regarding the adoption of the dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 216A00027010

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: SoutheasFitness The document number of the corporation (if known):_____ SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) ■ The date of meeting of members at which the resolution to dissolve was adopted 11/1/2016 . The number of votes cast by the members was sufficient for approval. ☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes. **SECTION II** If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was ____ The number of directors in office was _____ and the vote for resolution was ____ for and _____ against. (Must be a majority vote) Effective date of dissolution, <u>if applicable</u>: 12/14/2016 **FOURTH** (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Signature: by the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Filing Fee: \$35

(Typed or printed name of person signing)

(Title of person signing)

Julie Graveline

Owner